

Name
in
Full27
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

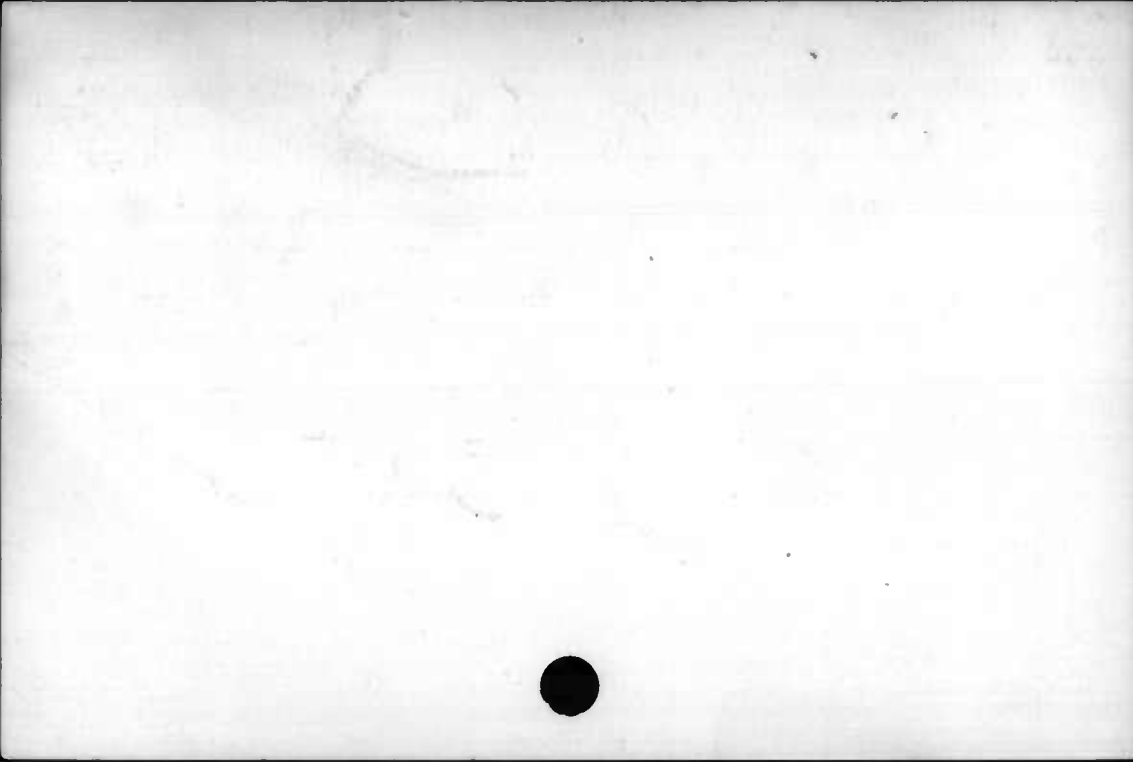
Died at <i>Upper</i> Town <i>Manokin</i> County <i>Somerset</i>		MARYLAND			
Date of death <i>1908</i>	Month <i>March</i>	Day <i>18</i>	Age <i>27</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Somerset Co</i>			
Occupation <i>General Laborer</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Nelson Banker</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Harriet Maddox</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>Fountain</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>About 1 year</i>
Immediate <i>Tuberculosis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount, Md.</i>
Accident or Suicide?	



Name
in
Full

Addie Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

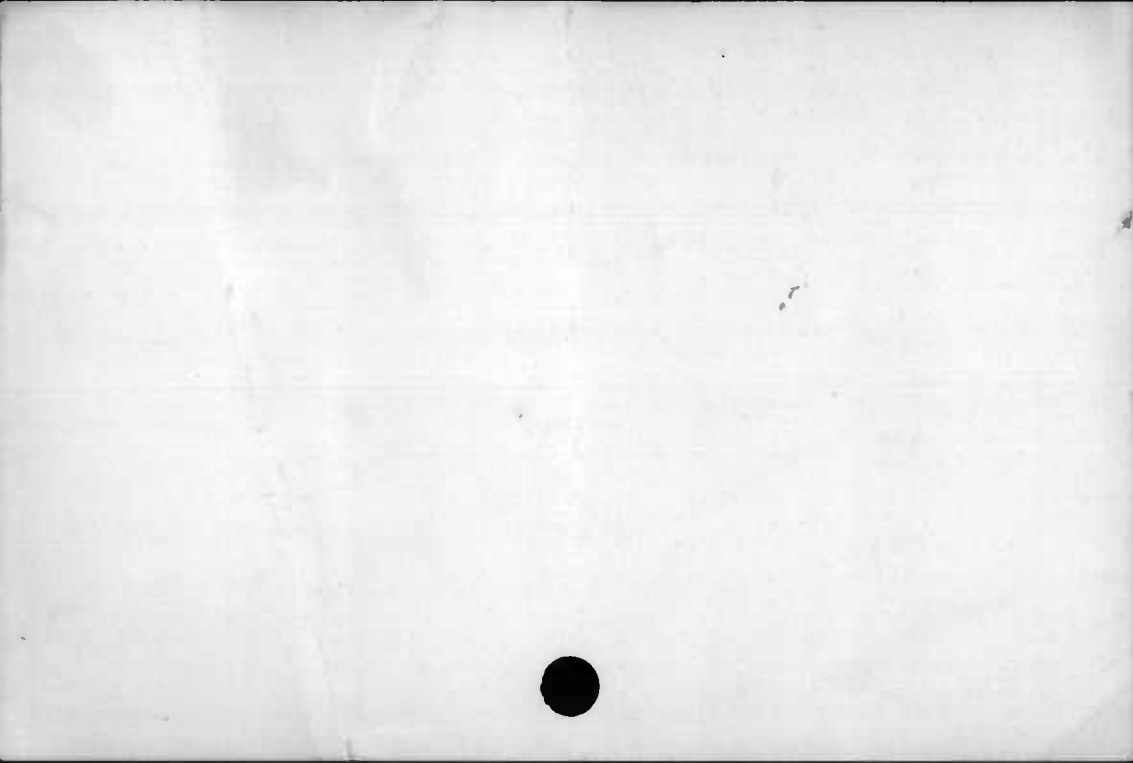
Died at		Town Chance		County Somerset		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	8th	21			
Sex		Color or Race		Birth-place			
Female		Colored		Somerset Co.			
Occupation		Where Residing if not at place of death					
House work							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Jacob Barnes		Washington, D.C.					
Mother's Maiden Name		Mother's Birthplace					
Mary Woods		Somerset Co.					
Name of person giving information		How related to deceased					
Mary Barnes		Mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Years
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. J. Winder, M.D.	
		Address	
		Dorchester	
		Somerset Co., Md.	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

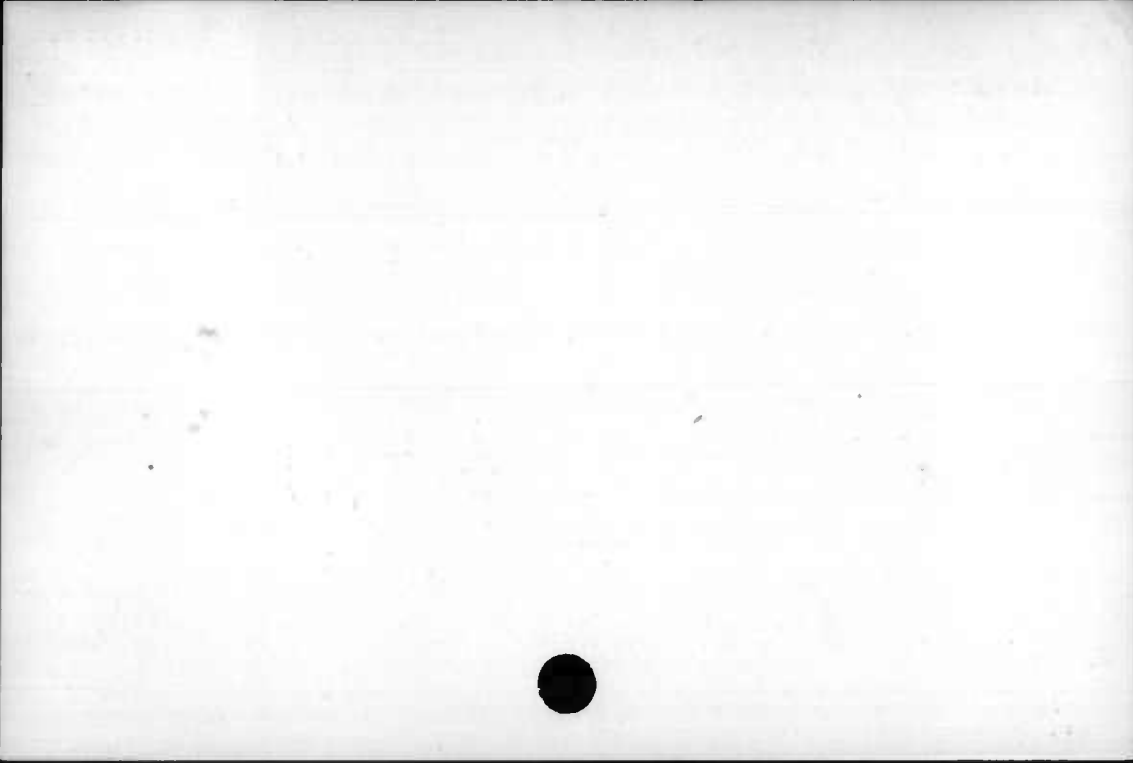
Died at <i>Cotlesbury</i> Town		<i>Beauchamp's</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>17</i>	Age _____	Months _____	Days _____
Sex <i>son</i>	Color or Race <i>Negro</i>		Birth-place <i>Ud</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Samuel Beauchamp</i>	Father's Birthplace <i>Ud</i>				
Mother's Maiden Name <i>Hettie Corbin</i>	Mother's Birthplace <i>Ud</i>				
Name of person giving information <i>Eben M. Wilson</i>	How related to deceased <i>Neighbor</i>				

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long _____
Immediate <i>Still Born</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Riddle Sr.</i>
	Address <i>Pocomoke Md.</i>
Accident or Suicide? _____	



Name
in
Full

Ethel Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

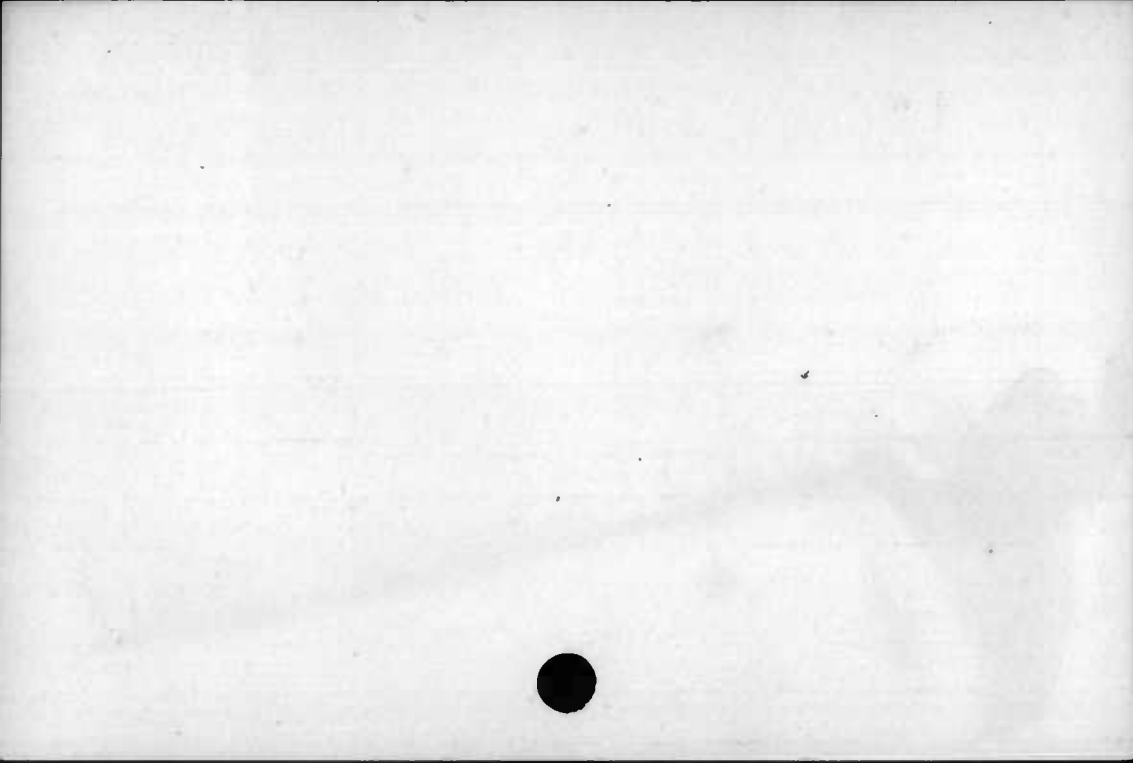
Died at <u>Causfield</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	1908	Month	March	Day	21
Age		24		Years	
Sex		Female		Color or Race	White
Occupation		House work		Birth-place	Somerset Co
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	James Brown	
Father's Name	Alonso Parks		Father's Birthplace	Somerset Co	
Mother's Maiden Name	Kate Parks		Mother's Birthplace	" "	
Name of person giving information	Kate Wilson		How related to deceased	Mother	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>2 weeks</u>
Immediate	<u>Acute Indigestion</u>	How long	<u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>W. E. Collins</u>	
		Address	
		<u>Causfield Md</u>	
Accident or Suicide?			



Name
in
Full

Sarah A. Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

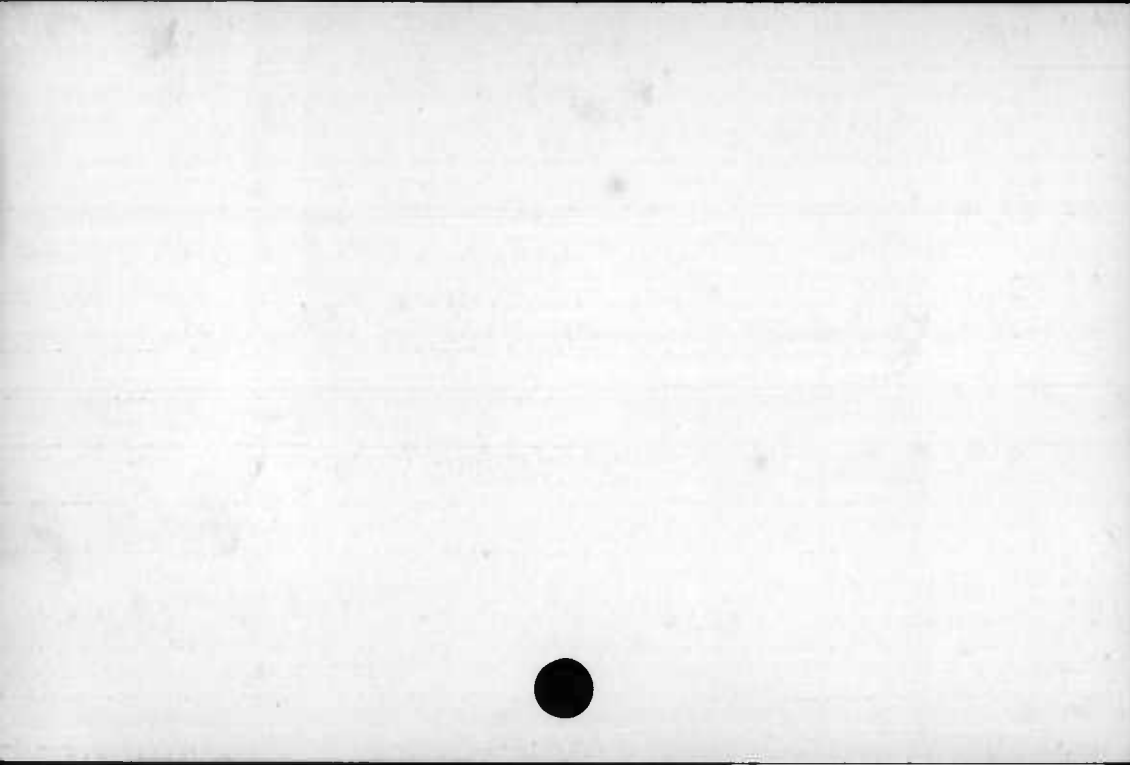
Died at		Marion ^{Town}		Somerset ^{County}		MARYLAND	
Date of death 1908		Month	Day	Age	Years	Months	Days
		Mar	17	75			
Sex		Female		Color or Race		White	
				Birth-place		Somerset Co.	
Married, Single or Widowed		Widow		Occupation		Laidy	
Name of Wife or Husband		Alfred. Clayton					
Father's Name		William Coulbourn				Father's Birthplace	
						Somerset Co	
Mother's Maiden Name		Zipporah Coulbourn				Mother's Birthplace	
						Somerset Co	
Name of person giving information		Mr Carrie Whittington				How related to deceased	
						Daughter	

CAUSES OF DEATH

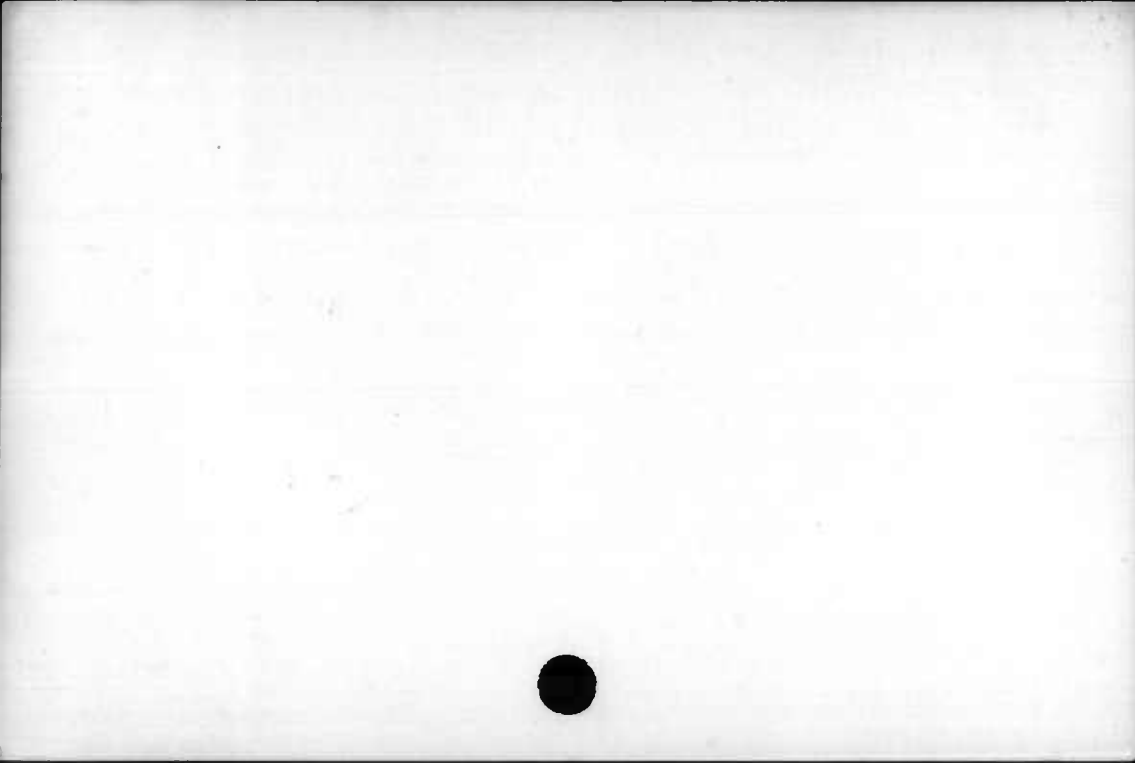
27

PHYSICIAN
OR CORONER

Primary		Pulmonary Consumption		How long		+	
Immediate		Exhaustion		How long		+	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. F. Heall			
		Address		Confield, Neb			
Accident or Suicide?							



Name in Full		Town				County		CERTIFICATE OF DEATH			
Arthur Cottman		Coolen				Somerset		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
1908		3		26		—		8		—	
Sex		Male		Color or Race		African		Birth-place		Maryland	
Occupation		infant		Where Residing if not at place of death		—					
Married, Single or Widowed		single		Name of Wife or Husband		—					
Father's Name		Rufus Cottman		Father's Birthplace		Maryland					
Mother's Maiden Name		Mollie Bevan		Mother's Birthplace		Maryland					
Name of person giving information		Sam Beale		How related to deceased		neighbor					
				CAUSES OF DEATH		27					
Primary		Tuberculosis		How long		since birth					
Immediate				How long							
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo. W. Riddle M.D.					
				Address		Pocomoke Md					
Accident or Suicide?											



Name
in
Full

William H. M. Daugherty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

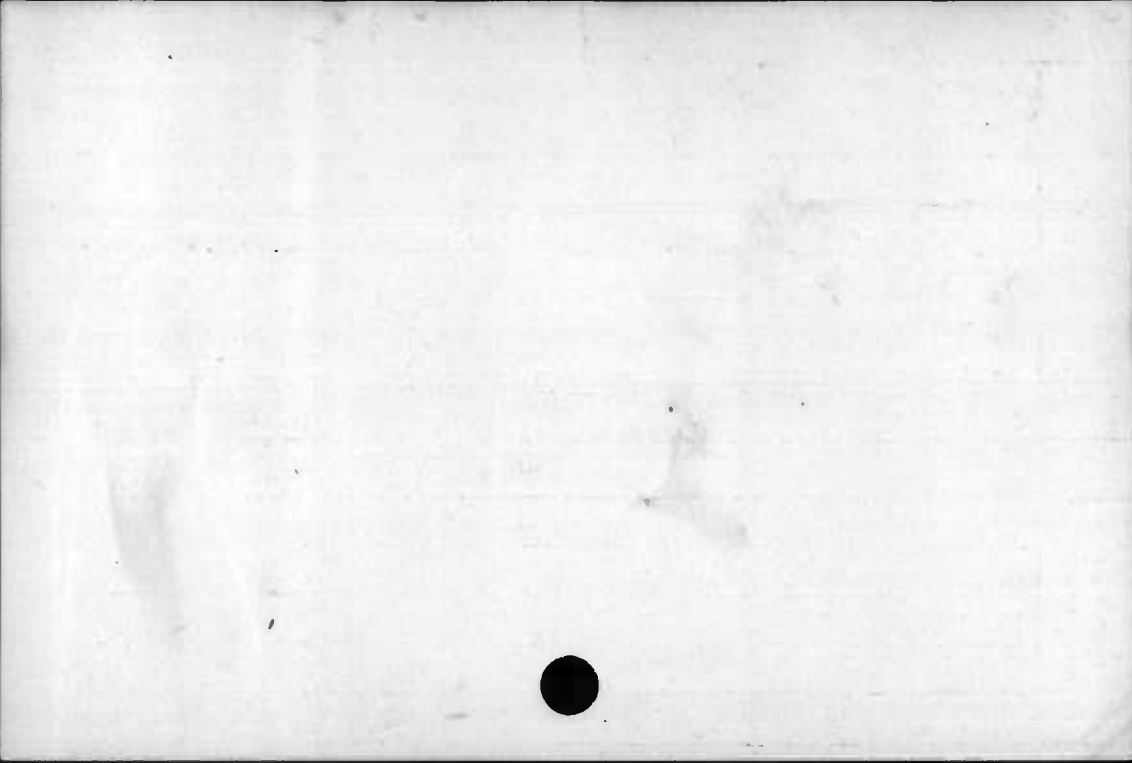
Died at <u>Lensfield</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>March</u> Day <u>30</u>		Age <u>73</u> Years		Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Builder of Boats</u>		Where Reading if not at place of death <u>Lensfield. Ind</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary Elizabeth Daugherty</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>G. T. Simonson</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Congestion of Brain</u>	How long	<u>3 days</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>G. T. Simonson</u>	
		Address <u>Lensfield Ind</u>	
Accident or Suicide? <u>Neither</u>			



Name
in
Full

Phulton Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Phulton</u> Town		<u>Southern</u> County		MARYLAND	
Date of death	1908	Month	March	Day	21
Sex	Male	Color or Race	White	Birth-place	Phulton, Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	William Evans			Father's Birthplace	Smith's Island
Mother's Maiden Name	Mrs B. Brown			Mother's Birthplace	Smith's Island
Name of person giving information	William Evans			How related to deceased	Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Brachio-pneumonia</u>	How long	<u>4 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R.H. Paces,</u>		
	Address <u>Geoff</u>		
	<u>Md</u>		
Accident or Suicide?			



Name
in
Full

Katherine Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

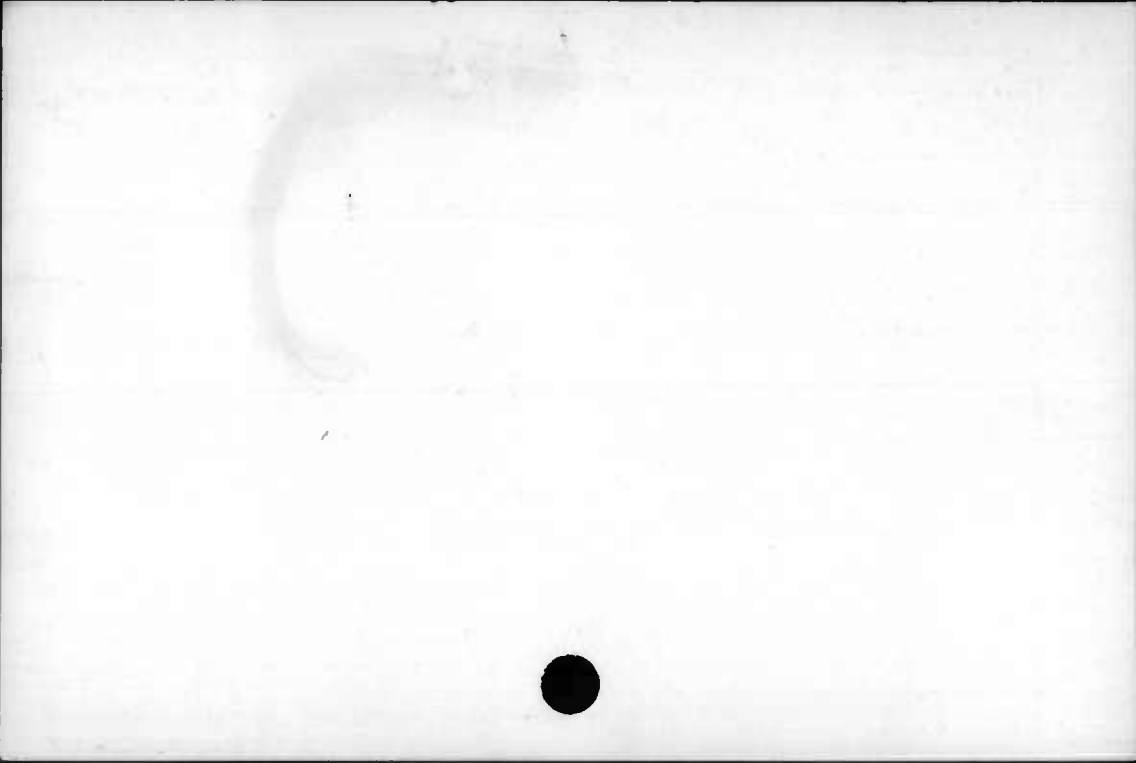
Died at <i>Cusfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	1908	Month	Nov	Day	22
Age	—		Years	Months	24
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Cusfield</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>	
Father's Name	<i>Cleaveland Evans</i>		Father's Occupation	<i>Smiths Isl. Md</i>	
Mother's Maiden Name	<i>Martina Riggins</i>		Mother's Birthplace	<i>Cusfield Md</i>	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>		How long	<i>18 hrs</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>W. H. Boulbourn</i>
			Address	<i>Cusfield</i>
Accident or Suicide?	<i>no</i>			<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

Arthur Goli

Town

County

MARYLAND

Died at

Primer

Years

Months

Days

Date

1908

Month

3

Day

6

Age

1

1

18

Sex

boy

Color or
Race

Colored

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Arthur Goli

Father's
Birthplace

Mother's
Maiden Name

Lea Cornish

Mother's
Birthplace

Name of person giving
In formation

Arthur Goli

How related
to deceased

Father

CAUSES OF DEATH

6

Primary

Diphtheria

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

D. Fisher

Address

Princess Anne Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

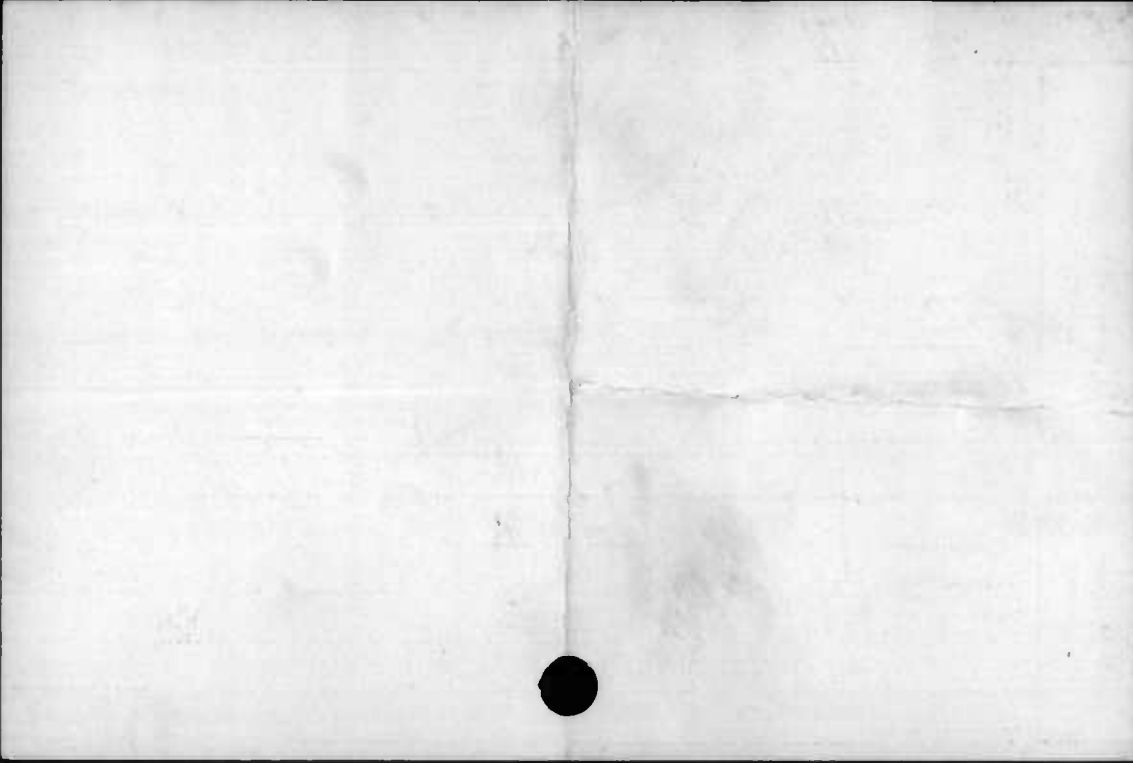
Died at <i>Deal Island</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>2</i>	Age <i>14</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Deal Island</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Deal Island</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Edward Harris</i>			Father's Birthplace <i>Deal Island</i>		
Mother's Maiden Name <i>Lizzie Harris</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Edward Harris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr.</i>
Immediate <i>Asthma</i>	How long <i>1 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. G. Alexander</i>
<i>Filled by undertaker</i>	Address <i>Somerset Co.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lizzie E. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

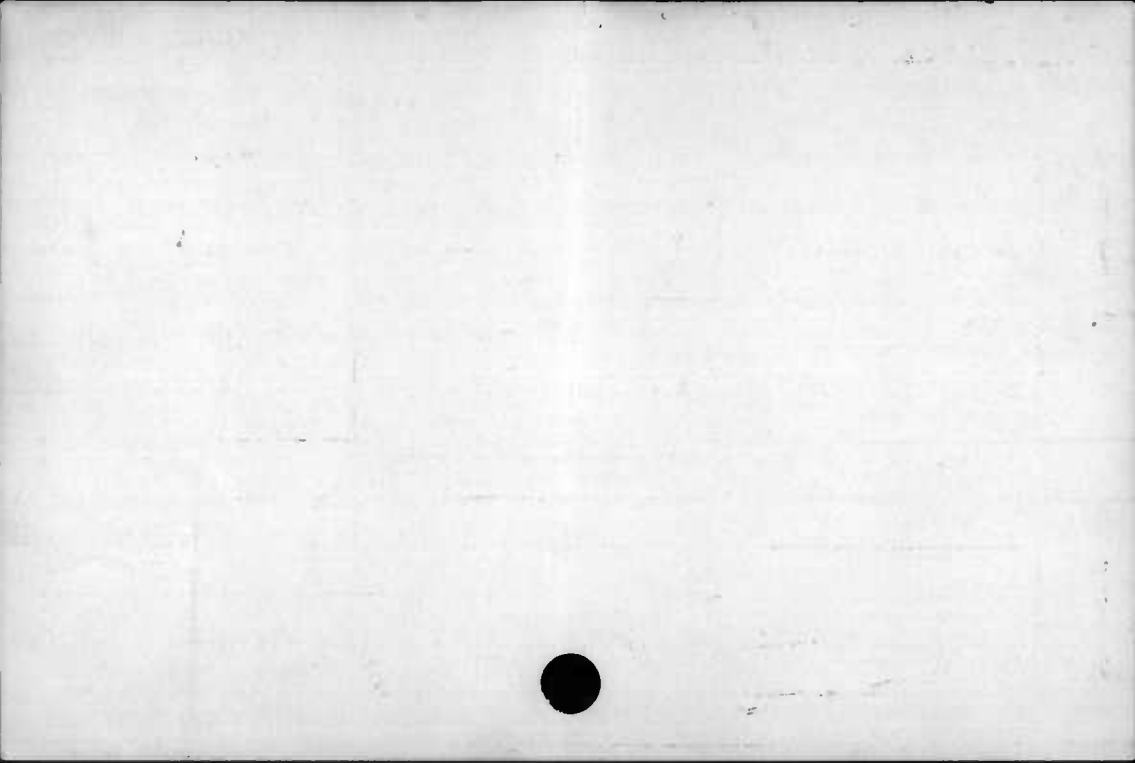
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		March	5th	Age			
Sex		Color or Race		Birth-place			
Female		White		Surrey Co.			
Occupation				Where Residing if not at place of death			
Housewife				-			
Married, Single or Widowed		Name of Wife or Husband					
Married		Harry Harrison					
Father's Name		Father's Birthplace					
Louis Trigg		W. Covington					
Mother's Maiden Name		Mother's Birthplace					
Nora Wheeler		Som. Co.					
Name of person giving information		How related to deceased					
Harry Harrison		Husband					

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	How long
Puerperal	12 days
Immediate	How long
Eclampsia	10 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	S. J. Low
	Address
	Salisbury, Maryland
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Ina May Hayman

Died at

Crisfield

Town

County

Somerset

MARYLAND

Date

of death 190

8

Month

Mar

Day

15

Age

Years

1

Months

2

Days

Sex

Female

Color or
Race

White

Birth-
place

Crisfield Md

Married, Single
or Widowed

Single

Occupation

none

Name of Wife or
Husband

+

Father's
Name

Haudy Hayman

Father's
Birthplace

Somerset Co Md

Mother's
Maiden Name

Sallie B. Powell

Mother's
Birthplace

Md

Name of person giving
In formation

Haudy Hayman

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Bronchopneumonia

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H F Hoel
Crisfield Md

Accident or Suicide?

75
s.

21m.

Name
in
Full

Earl Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crisfield</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1908	Month	2nd	Day	27
Sex	Male	Color or Race	White	Age	1
Occupation			Birth-place	Crisfield	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

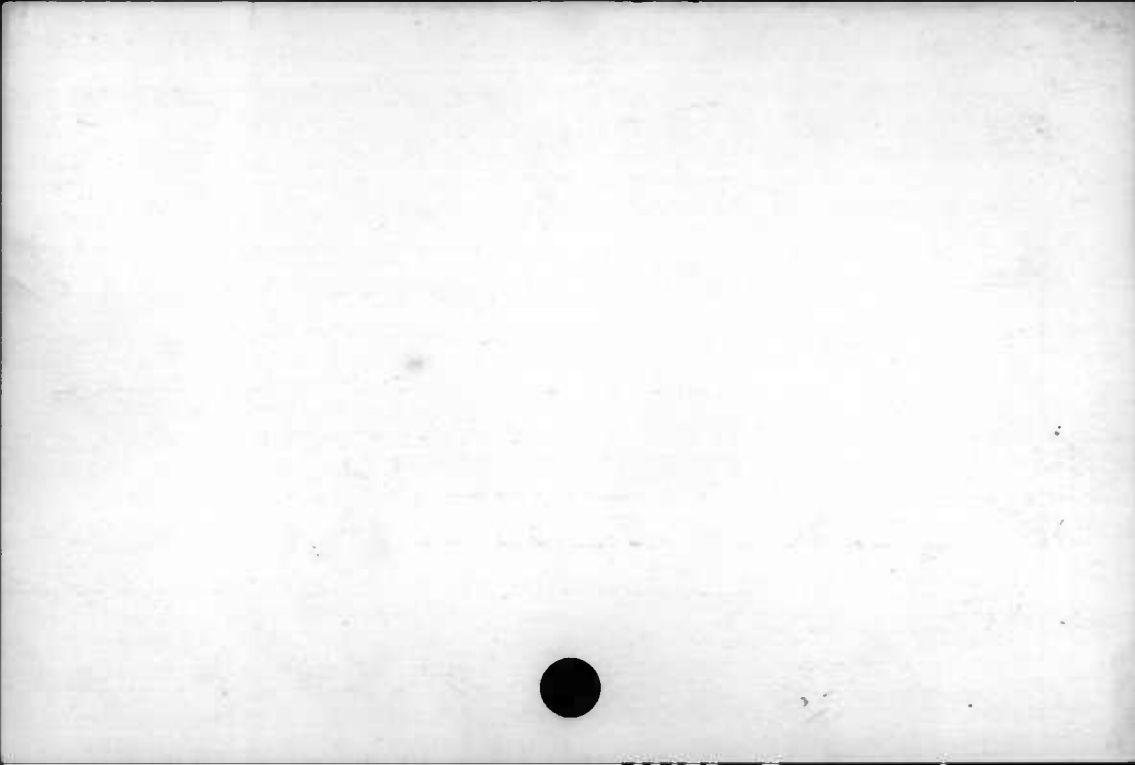
14

PHYSICIAN
OR CORONER

Primary	<u>Pyselemia</u>	How long	<u>1 Week</u>
Immediate	<u>Meningitis</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			



Name in Full		Gilbert Johnson				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Marion	County Somerset		MARYLAND			
		Date of death		1908	Month Mar	Day 23	Age 66	Months 9	Days 23	
		Sex		Male		Color or Race		Black	Birth-place	Somerset Co
		Occupation			Farming			Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband					Ester Johnson	
		Father's Name		Eli John Johnson				Father's Birthplace	Somerset Co	
		Mother's Maiden Name		Annie Holland				Mother's Birthplace	Somerset Co	
PHYSICIAN OR CORONER		Name of person giving information		Aron Whittington			How related to deceased	None		
		CAUSES OF DEATH						(120)		
		Primary		Nephritis			How long	Don't know		
		Immediate		General weakness			How long	3 or 4 weeks		
		Are the name, age, sex, color, date and place correctly given above?		yy			Signature of Physician		Dr J. G. B. Allen	
							Address		Marion	
									kyd.	
		Accident or Suicide?								



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Upper Farmmont		Dorchester		MARYLAND		
		Date of death		1908	Month	March	Day	22	Age	22
		Sex		Female		Color or Race		White		
		Occupation		Bookkeeper		Where Residing if not at place of death		Upper Farmmont		
		Married, Single or Widowed		Married		Name of Wife or Husband		Edward Williams		
		Father's Name		John C. Hall		Father's Birthplace		Upper Farmmont		
		Mother's Maiden Name		Bessie Williams		Mother's Birthplace		Upper Farmmont		
		Name of person giving information		Mrs. John Sterling		How related to deceased		Aunt		
PHYSICIAN OR CORONER		CAUSES OF DEATH								
		Primary				Puerperal fever				
		Immediate				Child birth				
		Are the name, age, sex, color, date and place correctly given above?				yes				
		Signature of Physician				D. S. [Signature]				
Address				Upper Farmmont						
Accident or Suicide?										

137



J. W. Landrum

Landrumville

Ind

Name
in
Full

Oliver Nicolas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

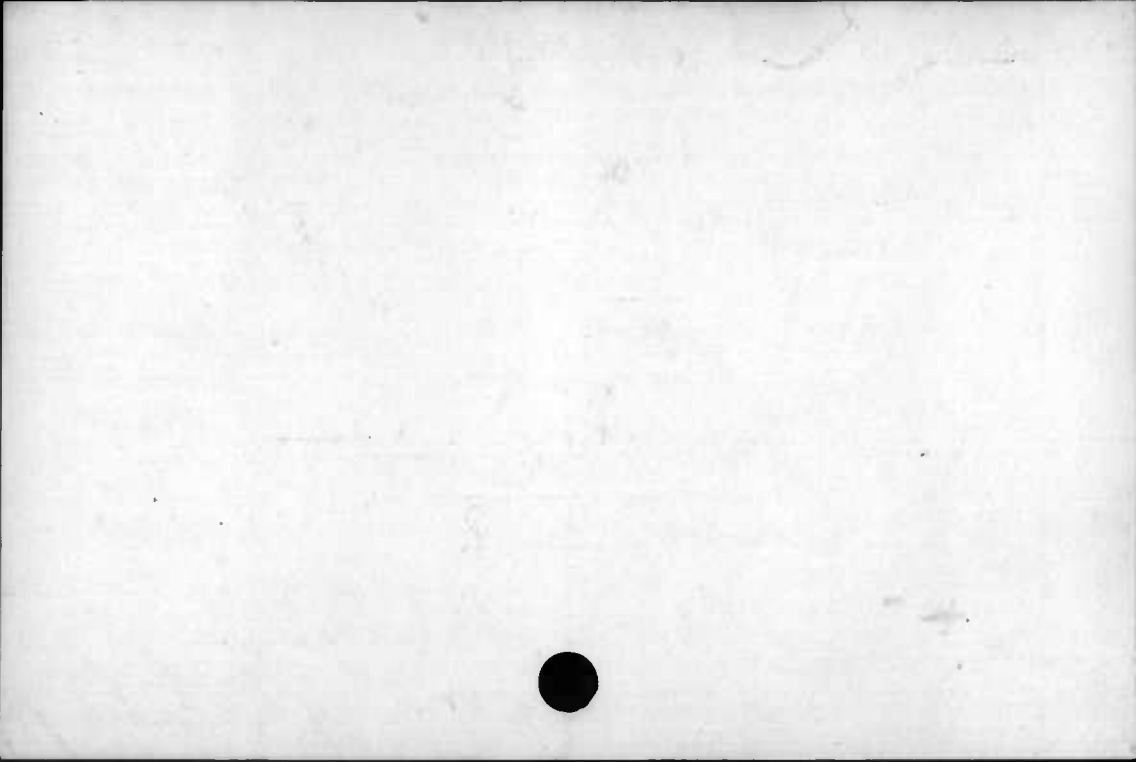
Died at <i>Upper Fairmount</i> ^{Town} <i>Pomerset</i> ^{County}		MARYLAND	
Date of death	1908	Month	March
	Day	26	Age
	Years	37	Months
		Days	
Sex	Male		Color or Race
	Black		Birth-place
	Fairmount		
Occupation	Waiter in Restaurant		Where Residing if not at place of death
Married, Single or Widowed	Married		Name of Wife or Husband
	Bessie Nicolas		
Father's Name	Alec Nicolas		Father's Birthplace
			Pomerset, Mo
Mother's Maiden Name	Rachel Waters		Mother's Birthplace
			Pomerset, Mo
Name of person giving Information	Allen Nicolas		How related to deceased
			Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	about 1 year
Immediate	Tuberculosis		How long	" " "
Are the name, age, sex, color, date and place correctly given above?		I think so		
Signature of Physician		G. E. Dickinson		
Address		Upper Fairmount		
		Md		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

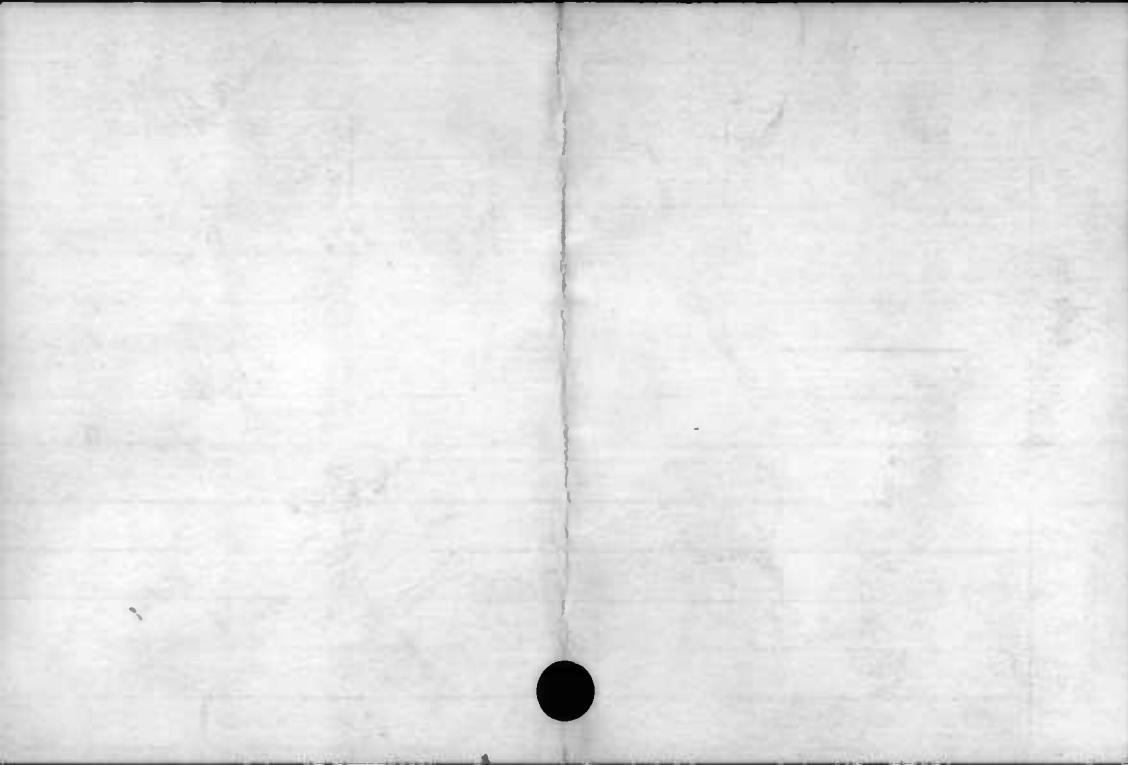
Died at <i>Littleton</i>		County <i>Summit Co</i>		MARYLAND	
Date of death 1908	Month <i>March</i>	Day <i>1</i>	Age <i>15</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Wilomio Co</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Housegirl</i>			
Name of Wife or Husband					
Father's Name <i>George Nutter</i>			Father's Birthplace <i>Wilomio Co</i>		
Mother's Maiden Name <i>George Anna Wallace</i>			Mother's Birthplace <i>Wilomio Co</i>		
Name of person giving information <i>George King</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 1 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>I think so</i>		Signature of Physician <i>She had no Phy. Sec. I was called on to give cert. right</i>	
		Address <i>Dillon's Rd. Penn. or Ohio</i>	
Accident or Suicide?			



Name
in
Full

Charlotte Parker

CERTIFICATE OF DEATH

Died at Deal Island

Somerset County

MARYLAND

Date
of death 1908

Month 3

Day 11

Age 3

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Deal Island

Occupation

—

Where Residing if not
at place of death

"

"

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Frank Parker

Father's
Birthplace

Kenona

Mother's
Maiden Name

Mamie Waters

Mother's
Birthplace

Deal Island

Name of person giving
in formation

Frank Parker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Asthma

How long

1 mo.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. G. Alexander

Address

Somerset Co.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

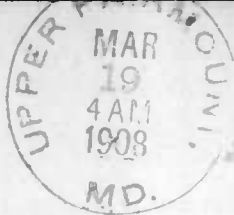
MARYLAND

Died at *Upper Fairmount* ^{Town} *Somerset* ^{County}Date of death *1908* ^{Month} *Mar* ^{Day} *18* ^{Years} *64* ^{Months} *4* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Somerset Co*Occupation *Oysterman* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Emma Parks*Father's Name *James Parks* Father's Birthplace *Somerset Co*Mother's Maiden Name *Harriet McDaniel* Mother's Birthplace *Somerset Co*Name of person giving information *S. D. Parks* How related to deceased *Brother*

CAUSES OF DEATH

106

Primary *Chronic Catarrhal Enteritis* How long *2 or 3 years*Immediate *"* *"* *"* *"* How long *"* *"* *"* *"*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. E. Dickinson*Address *Upper Fairmount*Accident or Suicide? *—*



L. W. London
Londonville
Ind

Name
in
Full

James T. Phorbus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Santa Island</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>March</u> ^{Day} <u>10th</u> ^{Years} <u>3</u>		Age <u>3</u>		Months <u>1</u> Days <u>-</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Somerset Co.</u>	
Occupation <u>-</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>James Phorbus</u>		Father's Birthplace <u>Somerset Co.</u>			
Mother's Maiden Name <u>Ide Jones</u>		Mother's Birthplace <u>Somerset Co.</u>			
Name of person giving information <u>James Phorbus</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 days</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>S. J. Windsor, M.D.</u>
		Address	<u>James L. Wright, Somerset Co., Md.</u>
Accident or Suicide?	<u>no</u>		



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

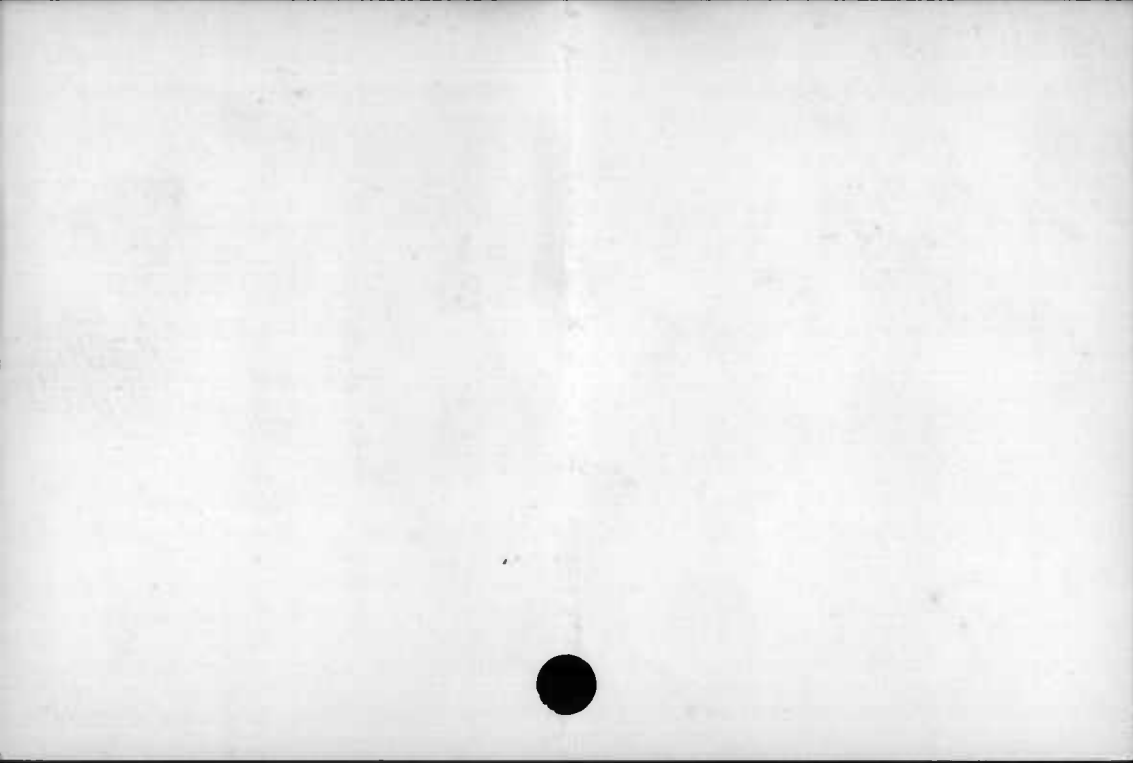
Died at <i>James Quarter</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 1908	Month <i>March</i>	Day <i>15th</i>	Age <i>40</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella Glyce</i>				
Father's Name <i>Joseph Roberts</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Hannah Roberts</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Hannah Roberts</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Two</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
	Address <i>James Quarter Somerset Co., Md.</i>
Accident or Suicide? <i>No</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Percy Sterling

Died at *Laurensia* Town *1* County *Somerset* MARYLAND

Date of death *1908* Month *Mar* Day *20* Age *1* Years *1* Months *8* Days

Sex *Male* Color or Race *White* Birth place *Laurensia*

Occupation *None* Where Residing if not at place of death *Laurensia*

Married, Single or Widowed *Single* Name of Wife or Husband *Laurensia*

Father's Name *Robert Sterling* Mother's Birthplace *Laurensia Md*

Mother's Maiden Name *Oliver Byrd* Mother's Birthplace *Laurensia Md*

Name of Person giving Information *Oliver Byrd Sterling* How related to deceased *Mother*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Bronchopneumonia* How long *2 days*

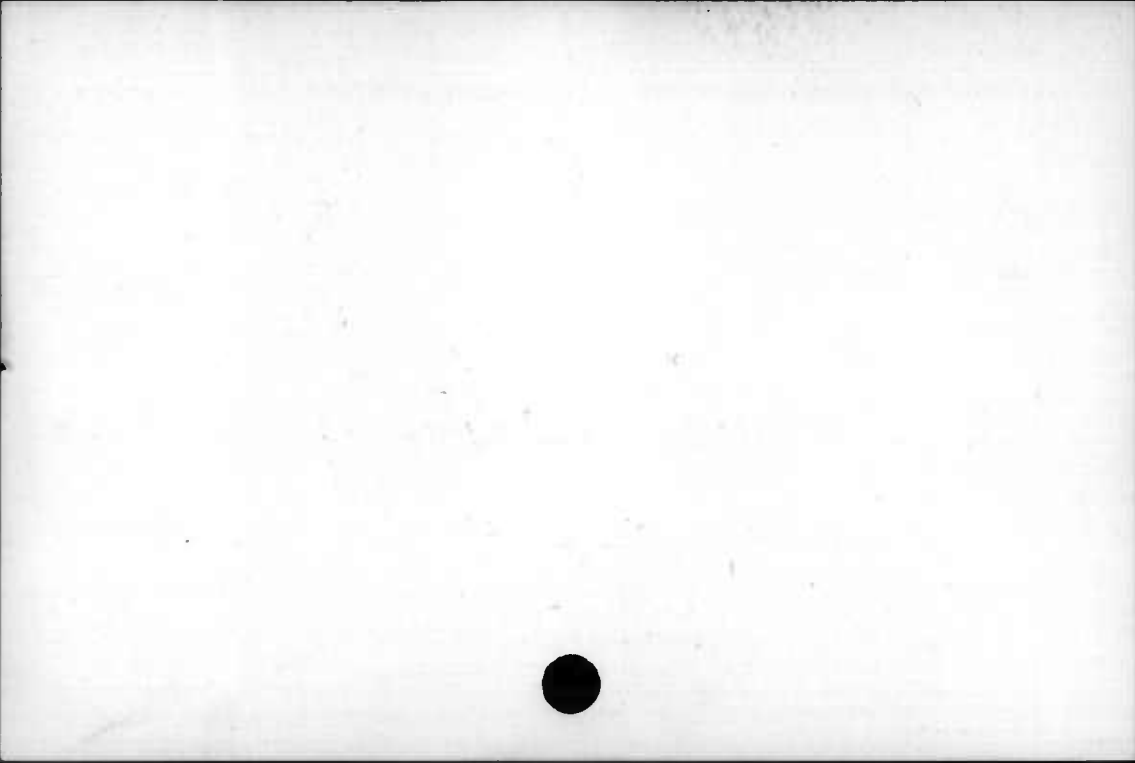
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Boulbourn*

Address *Cusfield*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

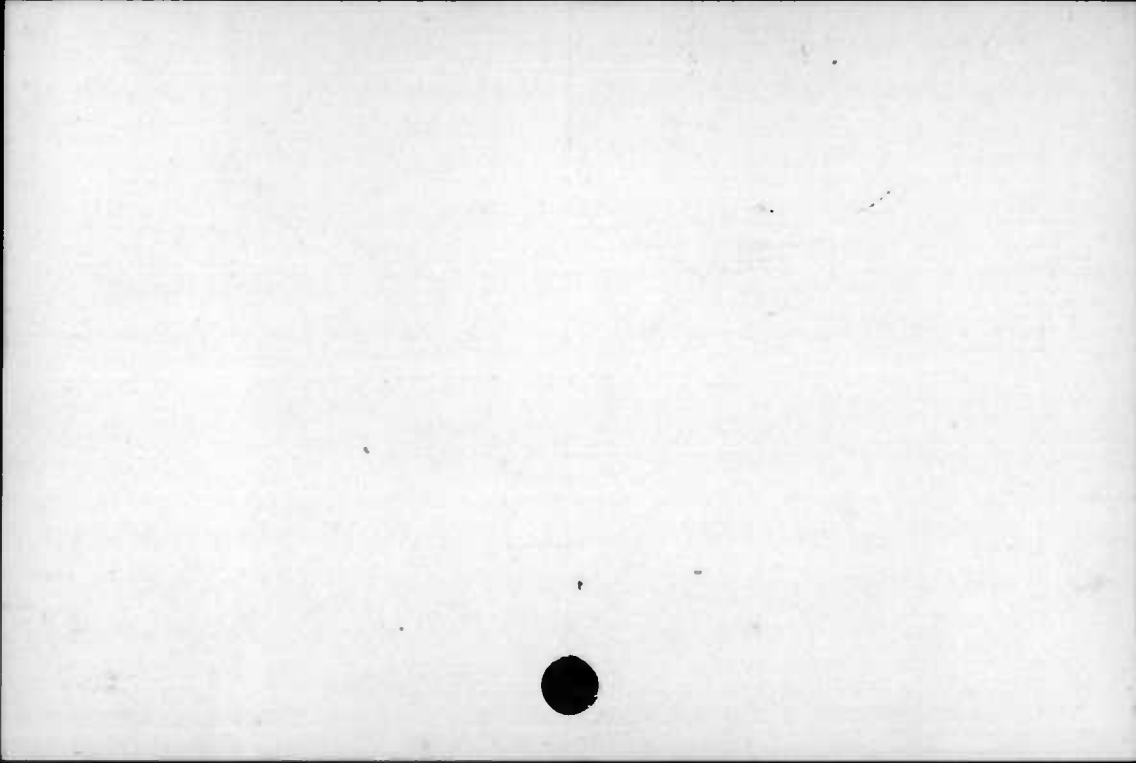
Died at <i>Weston</i> ^{Town}		<i>Lincoln</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>3</i>	Day <i>16</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Weston</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Weston</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Tilghman</i>				
Father's Name <i>Wm Tilghman</i>			Father's Birthplace <i>Weston</i>		
Mother's Maiden Name <i>Patience Carr</i>			Mother's Birthplace <i>LI</i>		
Name of person giving information <i>Wesley Tilghman</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Rupture</i>	How long <i>4 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. E. A. Linkford</i>
	Address <i>Local</i>
Accident or Suicide?	<i>Marion 2nd</i>



Name
in
Full

Clarence Clairvaux Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Princess Anne		County Somerset		MARYLAND	
Date of death		Month March	Day 10th	Years Age 57	Months 8	Days 22	
Sex male		Color or Race white		Birth-place Salisbury, Md			
Occupation Railroading				Where Residing if not at place of death at place of death			
Married, Single or Widowed married		Name of Wife or Husband Ellen Wilson Waller					
Father's Name William Waller				Father's Birthplace Salisbury, Md			
Mother's Maiden Name Amelia White				Mother's Birthplace " "			
Name of person giving Information Hug L. O. Stanford				How related to deceased Son-in-law			

CAUSES OF DEATH

66

PHYSICIAN
OR CORNER

Primary	Arterio Sclerosis	How long	Unknown
Immediate	Paralysis	How long	5 years
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician Chas. W. Loomis	
Yes		Address Princess Anne Md	
Accident or Suicide		(over)	

This certificate was received from
Dr. J. Jacob Smith, on Feb. 15, 1909. Dr.
Smith stated in a letter that this certifi-
cate had been held all this time by
the undertaker, E. O. Watson, Princess Anne.
Illegal interment.

Name
in
Full

Betsey West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

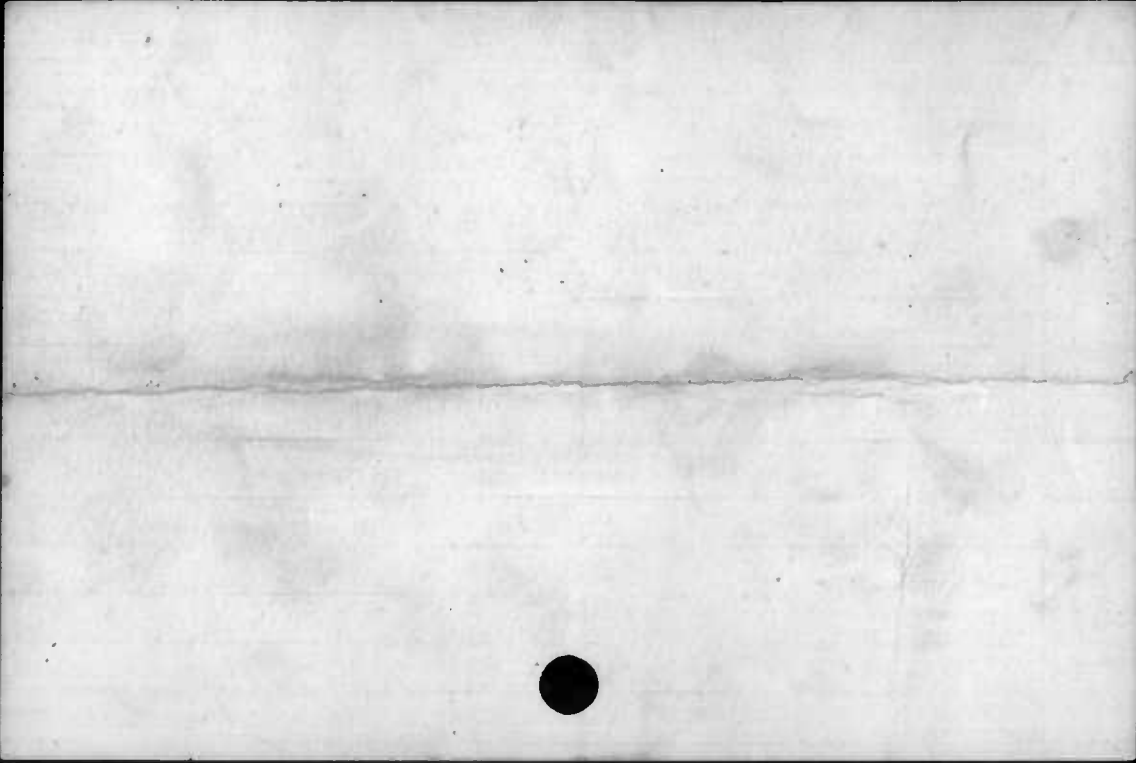
Died at <i>Perryhankins</i> Town		County <i>Lantern</i>		MARYLAND	
Date of death	1908	Month	March	Day	2
Age		95		Months	1
Sex	Female		Color or Race	White	
Occupation	Housewife		Birth-place	Del.	
Where Residing if not at place of death			-		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Minnie West.	
Father's Name	V. Dickerson		Father's Birthplace	Del.	
Mother's Maiden Name	Dickerson		Mother's Birthplace	Unknown	
Name of person giving information	Durant West		How related to deceased	Grandson	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility & Endocarditis</i>		How long	10 days	
Immediate	<i>Cardiac Pathosis</i>		How long	10 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
				<i>Princess Anne, Md.</i>	
Accident or Suicide?					



Name
in
Full

Nelli White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New & Anne		County Sanford		MARYLAND	
Date of death	1908	Month 3	Day 30	Age Years 21	Months —	Days —	
Sex	Female		Color or Race	Blond		Birth- place	Ind
Occupation	Hom			Where Residing if not at place of death		✓	
Married, Single or Widowed	Single		Name of Wife or Husband		✓		
Father's Name	Hed Frank White					Father's Birthplace	Unknown
Mother's Maiden Name	White					Mother's Birthplace	Unknown
Name of person giving In formation	Gase White					How related to deceased	Uncle

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Puffor to be Tuberculosis (New & in attendance)		How long 4 months
Immediate	Asbestos		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician F. J. Smith (not in attendance)
			Address P
Accident or Suicide?			

